



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 10 PM 3:00

DOCUMENT # P03000094597 1. Entity Name DISEGNA, INC.					
Principal Place of Business 1401 BRICKELL AVE., STE. 825 MIAMI, FL 33131			Mailing Address 1401 BRICKELL AVE., STE. 825 MIAMI, FL 33131		
2. Principal Place of Business 801 BRICKELL AVE. Suite, Apt. #, etc. SUITE 2380		3. Mailing Address 801 BRICKELL AVE. Suite, Apt. #, etc. SUITE 2380			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 51-0486963	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL ESQ. 1401 BRICKELL AVE., STE. 825 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name TTK SERVICE LLC Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE., STE. 2380 City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:					
SIGNATURE: <u>RAFAEL SANCHEZ-ABALLI, PRESIDENT</u> DATE: <u>4-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLEAVY, JUANA 1401 BRICKELL AVE., STE. 825 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	801 BRICKELL AVE., STE. 2380 MIAMI, FLORIDA 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054922468 05/20/05--01010--011 **1275.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>RAFAEL SANCHEZ-ABALLI, PRESIDENT</u> DATE: <u>4-21-05</u> DAYTIME PHONE: <u>305.779.5041</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					